


UNIFORM POLICE TRAFFIC ACCIDENT REPORT												LOCAL CODE		AGENCY I.D. NO.		MASTER FILE NO.		13																																																																
INVESTIGATING AGENCY												KILLED		INJURED		INVESTIGATION COMPLETE <input type="checkbox"/> INCOMPLETE <input type="checkbox"/>		H. & R.		DAY		MILITARY TIME		MO.		DAY		YEAR		14																																																				
TRAFFICWAY NO. OR NAME												MILES		N E IN S W OF		TOWN		COUNTY												15																																																				
INTERSECTION <input type="checkbox"/> BETWEEN STREETS <input type="checkbox"/>												ONE WAY YES <input type="checkbox"/> NO <input type="checkbox"/>		RAMP YES <input type="checkbox"/> NO <input type="checkbox"/>		FROM		TO		FT. N E S W		MILE POST		SPEED LIMIT												16																																														
UNIT 1												REMOVED TO		NO. OCCUPANTS		UNIT 2										REMOVED TO		NO. OCCUPANTS		17																																																				
OPERATORS LIC. NO.												STATE		RESTRICTION NON-RESTRICTION <input type="checkbox"/>		CODE		COMPLIANCE YES <input type="checkbox"/> NO <input type="checkbox"/>		OPERATORS LIC. NO.										STATE		RESTRICTION NON-RESTRICTION <input type="checkbox"/>		CODE		COMPLIANCE YES <input type="checkbox"/> NO <input type="checkbox"/>		18																																												
OPERATOR—LAST NAME												FIRST		M.I.		DATE OF BIRTH		OPERATOR—LAST NAME										FIRST		M.I.		DATE OF BIRTH		19																																																
STREET NO. & NAME												CODE		STREET NO. & NAME										CODE												20																																														
CITY												STATE		ZIP CODE		CITY										STATE		ZIP CODE												21																																										
OWNER—LAST NAME												FIRST		OWNER—LAST NAME										FIRST												22																																														
OWNER—ADDRESS												OWNER—ADDRESS																				23																																																		
MOTOR CARRIER: NAME & ADDRESS												MOTOR CARRIER: NAME & ADDRESS																				24																																																		
VEH. YR.												MAKE		MODEL		TYPE		STATE		REGISTRATION NO.		YEAR		VEH. YR.										MAKE		MODEL		TYPE		STATE		REGISTRATION NO.		YEAR		25																																				
VEH. INS. CO.												VEH. INS. CO.																				26																																																		
FIRE YES <input type="checkbox"/> NO <input type="checkbox"/>												OVERTURNED YES <input type="checkbox"/> NO <input type="checkbox"/>		EST TRAVEL SPEED BETWEEN MPH AND MPH		SUBCOMPACT <input type="checkbox"/> FULL SIZE <input type="checkbox"/>		COMPACT <input type="checkbox"/> INTERMED. <input type="checkbox"/>		FIRE YES <input type="checkbox"/> NO <input type="checkbox"/>										OVERTURNED YES <input type="checkbox"/> NO <input type="checkbox"/>		EST TRAVEL SPEED BETWEEN MPH AND MPH		SUBCOMPACT <input type="checkbox"/> FULL SIZE <input type="checkbox"/>		COMPACT <input type="checkbox"/> INTERMED. <input type="checkbox"/>		27																																												
VEH. ID NUMBER												VEH. ID NUMBER																				28																																																		
HAZARDOUS YES <input type="checkbox"/> NO <input type="checkbox"/>												CARGO		TYPE		CARGO		NUMBER OF TRAILERS		HAZARDOUS YES <input type="checkbox"/> NO <input type="checkbox"/>										CARGO		TYPE		CARGO		NUMBER OF TRAILERS		29																																												
TRUCK LENGTH FT. IN.												WIDTH FT. IN.		SINGLE UNIT COMBINATION <input type="checkbox"/>		NO. AXLES		TRUCK LENGTH FT. IN.										WIDTH FT. IN.		SINGLE UNIT COMBINATION <input type="checkbox"/>		NO. AXLES		30																																																
DAMAGED UNIT NUMBER ONE												DAMAGE TO TRUCK NO. 1										DAMAGED UNIT NUMBER TWO										DAMAGE TO TRUCK NO. 2										31																																								
<div style="display: flex; justify-content: space-around;"> <div> </div> <div> </div> </div>																																										32																																								
INDICATE NORTH BY ARROW												ACCIDENT DESCRIPTION																				33																																																		
PROPERTY DAMAGE-OTHER THAN VEHICLES												OWNER ADDRESS										EMS NOTIFIED TIME										EMS ARRIVED TIME										EMS TIME AT HOSPITAL										34																														
1ST AID GIVEN BY:												INJURED OR DECEASED REMOVED BY:										REMOVED TO																				35																																								
C T YES <input type="checkbox"/> NO <input type="checkbox"/>												OPER. #1 <input type="checkbox"/>		PED. <input type="checkbox"/>		TYPE BREATH TEST <input type="checkbox"/>		BLOOD TEST <input type="checkbox"/>		DRUG TESTED FOR <input type="checkbox"/>		ALCOHOL <input type="checkbox"/>		TAKEN BY		SENT TO		RESULTS										36																																												
DRIVERS/WITNESSES/PASSENGERS												ADDRESS										IF DECEASED - DATE/TIME										33 32 31 30 29 28 27 26 25										37																																								
ENFORCEMENT ACTION <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/>												CITATION OR CASE NO.										KRS NUMBER:										OFFENSE										PHOTOS: <input type="checkbox"/> YES <input type="checkbox"/> NO										PHOTOGRAPHER UNIT NO.										38																				
INVESTIGATOR												I.D. NO.										BEAT OR POST NO.										TIME NOTIFIED										TIME ARRIVED										SCENE CLEARED										REVIEWED BY:										PAGE OF PAGES										39

1 TRAFFIC RECORDS COPY (WITHIN TEN DAYS)

KSP 74 REV. 1/87

	UNIFORM POLICE TRAFFIC ACCIDENT REPORT SUPPLEMENTARY				LOCAL CODE		AGENCY I.D. NO.		MASTER FILE NO.						
	INVESTIGATING AGENCY				KILLED	INJURED	INVESTIGATION COMPLETE <input type="checkbox"/> INCOMPLETE <input type="checkbox"/>		H. & R.	DAY	TIME	MO.	DAY	YEAR	
	TRAFFICWAY NO. OR NAME				MILES	N S	E W	IN OF	TOWN		COUNTY				
DRIVERS/WITNESSES/PASSENGERS		ADDRESS		IF DECEASED - DATE/TIME		33	32	31	30	29	28	27	26	25	
ENFORCEMENT ACTION <input type="checkbox"/> #1 <input type="checkbox"/> #2		CITATION OR CASE NO.:		KRS NUMBER		OFFENSE					PHOTOS: <input type="checkbox"/> YES <input type="checkbox"/> NO		PHOTOGRAPHER UNIT NO.		
INVESTIGATOR:				I.D. NO.	BEAT OR POST NO.	TIME NOTIFIED	TIME ARRIVED	SCENE CLEARED	REVIEWED BY:	PAGE OF PAGES					

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